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Coerced addiction treatment: How, when and whom?

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Summary – From the psychiatric point of view the aim and purpose of coercive treatment of addicts imply the creation of positive therapeutic pressure which could induce mobilization of all available motivational mechanisms focused on improving general health and on correction of inappropriate social behavior. An increasing number of individuals have been referred to treatment protocol under legal coercion from the criminal justice system related to family law act, whereat optimal therapeutic results can be seen in alcoholics with conditional sentence along with coercive treatment within security measure. Adherence and acceptance of the treatment protocol is significantly higher in coerced population of addicts, emphasizing longer retention, better treatment attendance and reduction in criminal activity and drug use, compared to the voluntarily referred patients. Considering a significant number of coerced patients in treatment, one would expect to find a substantial body of structured researches addressing the relationship between the coercion and outcomes in comparison with addicts who entered treatment voluntarily, but this is not the case. Available data on drug addicts showed the efficiency of the treatment itself when completed and that even brief exposure to treatment protocol can result in fewer drug consumption and lower criminal activity. In this paper, we tried to explore the facts mentioned and the role of coercive treatment as well as the most frequent parameters of coercive treatment efficacy such as retention, abstinence duration and treatment attendance.

Key words: alcoholism; coerced treatment; retention; family; criminal act

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INTRODUCTION

The fact that most of addicts will be admitted in the therapeutic protocol after some kind of pressure from the society and/or closest environment has been known for a long time. Room confirmed that in his researches, emphasizing that most of the pressure that comes from family and friends occurs most frequently in alcohol addiction.[1,2] Although coercion in addiction treatment has been used for a few decades, there are still doubts concerning its therapeutic efficacy and adequacy. Opponents of the coercion are emphasizing the role of motivation in addiction treatment as the key factor of long-term positive therapeutic outcome, which is well-known to be at the very low level. According to the proponents of the coercion in addiction treatment, addicts don't have to be significantly motivated at the beginning of treatment and, nevertheless, treatment can be effective. Furthermore, legally coerced patients have higher probability of completing treatment resulting in development of sufficient motivation for further recovery. Without coercion, most of dysfunctional addicts would never even enter treatment let alone fulfill treatment and data consistently show that treatment, when completed, is quite effective. Most frequently used parameters of treatment efficacy are longer retention, reduction in criminal activity, reduction in drug use and longer abstinence. Review of studies evaluating coerced addiction treatment supports their effectiveness in reduction of substance use and frequency of relapses.[3] There are also ethical issues regarding coercion in addiction treatment, concerning the patients' autonomy and individuals' right to make their own decisions relating to treatment, in relation to the interests of the society. Regarding the ethical issues, proponents often quote T. Szasz who was against treatment of psychiatric patients, defining »drug abuse problem« as a society persecution of people who use drugs.[4]

TYPES OF COERCION

In coerced addiction treatment there are two basic types: coerced addiction treatment without informed consent to such treatment. In foreign literature it is called compulsory treatment. The second type is related to addicts with choice of going through the treatment protocol or facing penal sanctions for crimes for which they have been convicted. It is called quasi-compulsory treatment.[5]

Wild, in his work, distinguishes coerced or compulsory treatment from treatment under social pressure. The term »coerced treatment« is related to treatment that is legally imposed, significantly distorting patient's autonomy and individual's right to

make own decisions. Unlike coerced treatment, treatment under social pressure or social control is related to psychological and behavioral methods aiming to stimulate and motivate addict in accepting treatment.

Legal pressure includes generally juridical pressures mostly within the security measure of addiction treatment. Formal pressure is not related to legal pressure and is mostly related to pressure from employers, schools or social services. Informal social pressure refers to interpersonal interactions with spouse, family members, partners or friends, aiming to persuade patient to accept the treatment protocol.[6]

Legal pressure is mostly related to security measure of addiction treatment within section 75 of penal procedure. Security measure represents a part of Croatian penal code dualistic system which divides sanctions from security measures and retributions. In order to prevent offence, persons can be submitted to special medical and social-pedagogical treatment within the security measure, considering that retribution itself cannot provide sufficient preventive objectives and in order to reduce potential harm to society.[7] Retributions are reactions to offences committed in the past and are focused to the past, while security measures are focused to the future, having a preventive purpose. Security measures are not moral judgment, but based on presumption of possibility of repetition of asocial behavior and social need for its prevention.[8]

Within formal non-legal pressure, it is important to emphasize the employer pressure for its proven efficacy. Several researches have shown that formal pressure had substantial benefit for employer as well as for the addicted employee, related to reduction in medical, psychiatric and legal consequences and improved work productivity and efficacy.[9] Study conducted by Lawental et al. has shown that employer-coerced clients were more likely to remain in treatment and had decreased disease severity in contrast to clients that voluntarily entered the treatment. Post-treatment follow-up of coerced patients indicated significant improvements in alcohol and drug use, medical, family and psychiatric problems, compared to those observed among the self-referred patients.[10]

Informal social pressure based on social interactions is most significant as the family pressure on drug addicts to enter treatment. According to literature, positive family pressure is often necessary for alcoholics to enter treatment, because of their reluctance to seek help as long as family members unwittingly support their life style. It is more efficient to stimulate addicts to enter therapeutic protocol than to try to physically keep them away from alcohol. Studies have shown that alcoholics with more severe psychosocial difficulties have been more likely to seek help.[11] There is a widely known method of social pressure for addicts to enter treatment, called Johnson intervention. It can be described as a therapeutic technique in which family members or

close friends confront the patient with consequences of their drinking and drug use. [12] Loneck et al. compared methods of referral to outpatient addiction treatment and discovered that coerced referral groups were more likely to complete the treatment than those on the non-coercive referral groups.[13]

EFFICACY PARAMETERS OF TREATMENT UNDER SOCIAL PRESSURE

Abundance of research literature confirmed efficacy of treatment as a result of social pressure and it is frequently emphasized that pressure itself is a sufficient stimulative factor in accepting the therapeutic protocol. Furthermore, it is said that efficacy and cost-benefit of the coerced treatment is significant, especially regarding to the reduction of medical costs. Nevertheless, social pressure is a significant factor for initiating treatment, relevant for long term rehabilitation, reduction in criminal activity and improved psychosocial functioning.[14] Positive effects of coerced treatment are quoted in Croatian literature as well, especially related to legal pressure and security measure of addiction treatment. Among the alcohol addicts sentenced for family violence, according to Family law, the best long term prognoses have those with the security measure, along with retribution, especially emphasizing their treatment adherence and motivation.[15]

According to recent researches, efficacy of therapeutic protocol depends on its completion, but even brief exposure to treatment can result in drug use reduction and decrease in criminal activity.[16] Preponderance of research literature showed that addicts who enter treatment rarely complete it. About a half drop out in the first 3 months, and 80% to 90% percent have left by the end of the first year.[17] Besides the above mentioned data, some studies have shown that the legally coerced patients have longer treatment retention than self referral patients.[18,19] Treatment retention has been the most commonly used and evaluated parameter of treatment outcome for compulsory treatment, being a consistent predictor of positive outcomes across a variety of modalities.[20] However, the role of personalized approach is frequently neglected, meaning that even brief treatment interventions can be effective, especially in patients with less severe impairment and that some individuals who experienced substance use problems can recover without participating in a formal treatment program.[21,22] Furthermore, some investigations have shown that despite a better treatment attendance and longer retention, coerced addicts had a reduced cognitive engagement in treatment, related to commitment to the treatment process and deve- lopment of therapeutic alliance in other to obtain abstinence and psychosocial rehabilitation.[23] Regarding to the nature of pressure, treat-

ment attendance is already inevitable, as in coerced treatment, resulting in disabled formation of internal motivational patterns.

A further parameter of treatment efficacy is the duration and maintenance of abstinence. Abstinence focused coerced treatment evaluation neglects medical model of addiction as a chronic and relapsing brain disease (in contrast to earlier moralistic model).[24,25] Abstinence based programs with punitive sanctions may not be suitable for all addicts, especially for those with severe impairments, because they might be at higher risk of failing, thereby incurring additional punishment, rather than treatment.

PHILOSOPHICAL, SOCIOLOGICAL AND ETHICAL ASPECTS OF COERCED TREATMENT

There are numerous researches that raise different aspects of coerced treatment, particularly philosophical, sociological and ethical aspects. According to some studies, coerced treatment, especially legal coercion, represents a significant violation of personal liberty and right to participate fully in the society. Proponents of coerced treatment are stressing that treatment can only be effective if person is motivated to fully participate in treatment protocol, which is essential for long term positive outcomes in the process of rehabilitation and re-socialization. Furthermore, there are doubts that limited treatment capacities cannot be employed for addicts who do not actually want treatment, ahead of those who are motivated to participate in treatment protocol.[26] While some clinicians describe addiction as a personal choice, others introduced concept of personal responsibility and factors that influence it: awareness of the problem, knowledge of genetic predisposition, understanding of addictive processes, co-morbid psychiatric and medical conditions, structure of social network, structure of early environment, level of tolerance of substance abuse in socio-cultural context and availability of adequate psychiatric treatment for addiction.[27] Besides the philosophical aspects in determining personal freedom in decision making, recent researches in brain imaging emphasize the impact of biological background in decision making. Excessive drug or alcohol use may result in significant cognitive deficits that can affect insight and impulse control, which are often mislabeled as denial.[28] According to recent researches, chronic alcohol use may increase blood levels of amino acid homocystein that can induce brain atrophy and related cognitive deficits.[29,30] Furthermore, chronic alcohol abuse, according to recent researches, may cause cumulative neuronal impairments which can influence insight and normal judgment, resulting in inadequate understanding and acceptance of treatment protocol. Some call it a compromise autonomy.[31]

Legal system is supported by professionals who accept interests of wider community. It is thought that the only way for an addict to enter the treatment protocol is to coerce him into an institution. Thus, he would, in time, stay there voluntarily by developing the internal motivational patterns.

Although some professionals argue that treatment is more effective if done by patient's own intrinsic motivation and his own choice, they neglect addict's personality structure, his ambivalence towards the treatment, as well as both the lack of self-confidence and self-discipline.[32] Further studies are necessary in order to solve the ethic dilemma if suggested protocols could have a preventive effect. There is also a question whether these measures would appear to have more positive effects in contrast to negative effects considering the rights of an individual to decide on his own treatment. Consensus and recommendations on involuntary treatment of addicts have been made by WHO in 1986. It is stated that, as long as an individual is granted law abiding procedures and both humane and effective treatment, such treatment is to be legally and ethically accepted.[33] Recently, there has been an argument by Department for Drugs and Criminal of the UN on the statement that the involuntary treatment is an acceptable alternative to punishment by going to prison. It has been also discussed whether there was any evidence that would approve this type of treatment. The conclusion has been made: involuntary treatment without informed consent is just another form of punishment, similar to punishment by going to prison and should be treated as a form of human rights neglect.[34]

PRISILNO LIJEČENJE OVISNIKA: KAKO, KADA I KOME?

Sažetak – Mjera obveznog liječenja od ovisnosti o alkoholu podrazumijeva stvaranje situacije pozitivnog terapijskog pritiska s ciljem pokretanja motivacijskih mehanizama za poboljšanje općeg zdravstvenog stanja, te promjene društveno neprihvatljivog ponašanja. Domaća klinička iskustva govore o sve češćem procesuiranju alkoholičara nasilnika u skladu s primjenama odredbi Zakona o zaštiti od nasilja u obitelji, pri čemu je najpovoljniji terapijski ishod u onih alkoholičara kojima je izrečena uvjetna osuda uz mjeru liječenja. Suradnja i prihvaćanje svih dijelova terapijskog protokola u ovoj skupini alkoholičara znatno je veća u odnosu na alkoholičare koji su na liječenje došli iz nekih drugih razloga. Unatoč velikom broju bolesnika čije se liječenje provodi u okviru ove mjere, nedostaje strukturiranih istraživanja s ciljem analize ishoda liječenja te usporedbe istog s alkoholičarima koji liječenju pristupaju dragovoljno, odnosno bez sudskog imperativa. Rezultati studija kojih je predmet obvezno liječenje ovisnika o drogama pokazale su da je liječenje samo po sebi učinkovito, osobito kada je u potpunosti provedeno te je pokazano kako čak i samo kratkotrajno izlaganje ovisnika terapijskom protokolu u značajnoj mjeri smanjuje konzumaciju droge i kriminogenu aktivnost. Cilj je rada ukazati na

ulogu mjere obveznog liječenja u retenciji bolesnika u terapijskom protokolu, pokazujući kako je unatoč niskoj razini unutarnje motivacije na početku liječenja, moguće postići terapijski napredak ukoliko bolesnici ostanu u terapijskom protokolu.

Ključne riječi: ovisnost o alkoholu; prisilno liječenje; retencija; obitelj; kriminalni čin

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